

Permit Number \_\_\_\_\_

**BOARD OF HEALTH  
TOWN OF HARWICH**

Fee paid \_\_\_\_\_  
Fee \$55.00

**APPLICATION FOR WELL PERMIT**

Application is hereby made for a Permit to Construct ( ) or Repair ( ) or Demolish a Well ( )

\_\_\_\_\_  
Location – Address

\_\_\_\_\_  
Map & Lot No.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Driller

\_\_\_\_\_  
Address

Type of Building:

DWELLING \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ OTHER \_\_\_\_\_

Well Use:

CONSUMPTION \_\_\_\_\_ IRRIGATION \_\_\_\_\_ MONITOR \_\_\_\_\_ OTHER \_\_\_\_\_

Design & Capacity of Water System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Repairs or Alterations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submittals: Driller Registration \_\_\_\_\_ Site Plan \_\_\_\_\_

Agreement: The undersigned agrees to install the aforescribed well in accordance with the provisions of the Town of Harwich – Regulations for Private Wells. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Application approved by \_\_\_\_\_ Dated \_\_\_\_\_

Application disapproved for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit No. \_\_\_\_\_ Issued \_\_\_\_\_

Date

*Permit expires 6 months from date of issue*

-----  
(OFFICE USE ONLY)

Lab Report \_\_\_\_\_ Water Well Completion Report \_\_\_\_\_

Certified Plot Plan \_\_\_\_\_ Pump Test \_\_\_\_\_